

THE NIH RECORD

Still The Second Best Thing About Payday

Hill Hearing Airs NIH Needs, Congress' Concerns

By Rich McManus

On the heels of the debut of NIH's new Roadmap initiative and release of an Institute of Medicine report on the structure and vitality of NIH, a hearing was held Oct. 2 at which director Dr. Elias Zerhouni reported to joint Senate and House committees on how closely the two visions merge as NIH faces its post-budget-doubling future. The director also heard a host of lawmakers' concerns, ranging from A-76 to stem cells to studies of human sexuality.

Zerhouni was joined at the witness table by his predecessor, Dr. Harold Varmus, and by Dr. Harold Shapiro, who chaired the IOM committee on NIH revitalization; all three offered brief opening statements, then took questions from members of both the House energy and commerce committee and the Senate health, education, labor and

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NICHD Celebrates 40th Year

By Robert Bock

NICHD recently marked its 40th anniversary with events commemorating its founding. The celebrations featured a "Hall of Honor" award ceremony to recognize its intramural scientists and extramural grantees who made outstanding contributions to both science and human health. The institute also held a scientific symposium to highlight some of the exceptional contributions made by NICHD-supported scientists in basic and clinical research.

"Forty years, let me tell you, is still childhood for an institute like this one," said NIH director Dr. Elias Zerhouni at the Hall of Honor ceremony held in conjunction with the NICHD council meeting. He added that 40 years is a short interval when

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Telework on the Rise

Top Reasons More Are Choosing To Work Away from Work

By Carla Garnett

It's not as if anyone needs added incentive to roll out of bed a little later, spend a few extra minutes with the family, steer clear of rush-hour traffic or accomplish a day's work virtually uninterrupted. No, the reason that telework is growing—but still only slowly—could be that few employees realize the option may be available to them. However, as campus parking spaces become rarer this fall, more people may be seeking—and more managers and supervisors encouraging—ways to work away from work. The trend is picking up speed at NIH and throughout government.

According to a recent Office of Personnel Management report on teleworking, seven agencies with

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NINDS telework coordinator
Liz Elliott

Roadmap Debuts at Press Club Briefing

By Rich McManus

NIH's scientific "Roadmap Initiative for Medical Research" debuted before almost 60 reporters Sept. 30 as the plan's chief cartographer, NIH director Dr. Elias Zerhouni, called for a transformation in the way NIH conducts medical research so as to

speed widely touted benchtop discoveries to the bedsides of patients not only in this country, but also the world.

Speaking at the National Press Club in Washington and flanked by a cadre of institute directors, Zerhouni said, "NIH research is at a critical point in history" and must take swift advantage of "a true explosion of knowledge in science and medi-



NIH director Dr. Elias Zerhouni launches Roadmap initiative.

cine...2003 is an historic moment in medical research."

The plan, funded at a level of about \$130 million in FY 2004

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DIRECTOR'S CORNER



NIH Director's Corner

Next month, I will host my third Town Hall Meeting for all employees. As in past meetings, there will be an online opportunity for employees to contact me with questions and topics for discussion. We get literally hundreds of responses to this solicitation, and it is obviously impossible for me to address all or even most of the issues in an hour's time. But I want to assure you that all correspondence to my office is kept on file for reference. My staff can look back into these files and compare your concerns with how we as an institution have responded over time.

On the subject of A-76, which drew a great number of messages to me prior to the spring Town Hall Meeting, there is good news to share: last month, NIH's in-house proposal in the area of Extramural Administrative Support Services won the competition when the sole proposal submitted by industry failed to meet the requirements of the solicitation. This confirms what I have been asserting all along—our employees have little to fear in an evaluation pitting their expertise against what a contractor can provide. I am expecting more positive news as future competitions play out.

I know, too, that "victory" in these outsourcing competitions is not without cost for some of our workers. There will be cases where employees' job descriptions will change and new duties will be assigned to them. Quite often, NIH's "most efficient operation," or MEO, which is our most competitive self-description, involves internal shifts of responsibility. But be assured that NIH stands by the Secretary's commitment to have a job available for all employees affected by A-76 competition, and that we'll do all we can, via our Transition Center, to smooth the way when reassignment cannot be avoided.

You may have heard by now of the NIH Roadmap Initiative for Medical Research, which we announced on Sept. 30 in a variety of forums. As you know, we are at a turning point in medical research. The purpose of the NIH Roadmap was to identify the major scientific opportunities and gaps in medical research that no single institute or center at NIH could tackle alone, but that the agency needed to address to accelerate the pace of medical discovery and transform our findings into tangible benefits for people.

After wide consultation, within and outside NIH, the institute and center directors led teams that developed 28 specific initiatives in three main areas: new pathways to discovery; research teams of the future; and re-engineering the clinical research enterprise. The NIH Roadmap is an integral part of a well-thought-out portfolio of research to improve

people's health in the 21st century. I extend my deepest appreciation to all of the NIH staff who devoted countless hours to this important effort. It demonstrates once again that NIH plays a leadership role in charting the future of medical research. For more information, please visit nihroadmap.nih.gov. ■

Children's Inn Needs Overnight Volunteers

Overnight weekend resident managers are needed to staff the Children's Inn. Volunteers typically serve one or two times every couple of months, managing the inn from 6 p.m. Fridays through 2:30 p.m. Sundays. Split shifts are also available. A backup staff member is in the building and also available on call. This is a great opportunity for individuals or teams of two (married couples, friends, brothers/sisters, mother/daughter, etc.). All volunteers will receive operations and procedures training and reside at the inn during their experience as onsite hosts, facilitators and managers. If you are interested in finding out more, contact Laura King, director of volunteers, via email at llking@box-l.nih.gov. ■

WRAIR Needs Volunteers

Volunteers ages 18-45 are needed for a 7-month dengue vaccine research study at Walter Reed. The purpose is to study the safety and effectiveness of a new investigational vaccine. Health screening and financial compensation provided. Call 1-866-856-3259 or (301) 319-9335/9320 or visit www.wrairclinicaltrials.com. ■

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NIH director Dr.
Elias A. Zerhouni

NAS President Alberts To Give Barmes Lecture, Nov. 3

Dr. Bruce Alberts, president of the National Academy of Sciences, will give the annual David E. Barmes Global Health Lecture on the topic "Spreading Science Throughout the World: How, Why and When?" on Monday, Nov. 3 at 3:30 p.m. in Masur Auditorium, Bldg. 10. Alberts will focus on the idea that scientists must play a larger role in national and international affairs for the benefit of the estimated 9 billion people who will inhabit Earth by 2050. This expanded role, he says, will require both more effective institutions and a change in scientists' attitudes and responsibilities.

Alberts is a biochemist recognized for his work in both biochemistry and molecular biology. He is known particularly for his molecular analyses of protein complexes that allow chromosomes to be replicated. In addition to serving as NAS president, he is chairman of the National Research Council, the principal operating arm of the National Academies of Sciences and Engineering. He is also co-chair of the InterAcademy Council, a new global advisory group in Amsterdam that is governed by the science academy presidents from 15 nations.



Dr. Bruce Alberts

A native of Chicago, he earned an undergraduate degree and a doctorate from Harvard University and then joined the faculty of Princeton University in 1966. Ten years later, he was appointed professor and vice chair of the department of biochemistry and biophysics at the medical school of the University of California, San Francisco, and in 1985 became chairman of the department.

Alberts is committed to the improvement of science education; while living in San Francisco he helped create City Science, a program seeking to improve science education in the city's elementary schools. He also served on the advisory board of the National Science Resources Center, a joint project of the NAS and the Smithsonian Institution that unites teachers and scientists to improve the teaching of science.

He is one of the original authors of *The Molecular Biology of the Cell*, now in its fourth edition. Considered a leading textbook of its kind, it is used in colleges and universities around the world. His most recent book is titled *Essential Cell Biology*, now in its second edition.

Alberts has received numerous honors and awards including an American Cancer Society Lifetime Research Professorship.

NIDCR and the Fogarty International Center are co-hosting the lecture. The lecture was established in memory of Barmes, an epidemiologist and retired executive of the World Health Organization and a special expert in NIDCR's Office of International Health from 1996 until his death in 2001.

All are invited to attend the lecture and the reception sponsored by Friends of the NIDCR that follows the talk. ■

McNeill To Give NIH Director's Cultural Lecture, Oct. 29

Dr. John R. McNeill, professor of history at Georgetown University's Edmund A. Walsh School of Foreign Service, will deliver the NIH Director's Cultural Lecture at 3 p.m. on Wednesday, Oct. 29 in Masur Auditorium, Bldg. 10.

McNeill's topic is "Environment and Society Since 1900: A Global Perspective." His book, *Something New Under the Sun*, will be the basis of his lecture. It provides a history of the 20th century pertaining to how the use of natural resources, combined with scientific and technological advances, has contributed to shaping global social and political life throughout the century. McNeill is known as an environmental historian. He said that he is "one who tries to write history as if nature existed—which for many historians it does not. Further, environmental historians recognize, indeed emphasize, that environments change with time, and they affect human communities and in turn are affected by them in an endless co-evolution."

After earning a Ph.D. in history from Duke University in 1981, McNeill could not find academic employment. He was hired by ecologists at the Marine Biological Laboratory in Woods Hole, Mass.

"They were constructing what would now be considered primitive global carbon cycle models, driven by interest in the rising concentrations of carbon dioxide in the atmosphere. For their models they needed historical information about vegetation and land cover, and they didn't know how to get it. Someone suggested they hire a historian, which was where I came in," he said.

McNeill worked for them for over 2 years, learning more and more about ways to describe the world, which he later relayed back into his historical interests. "I had done some work on Cuban sugar plantations for my dissertation. But I had not seen that a plantation is a major ecological intervention, requiring deforestation to get started, further deforestation to operate, with consequences for avifauna, insect life, soils, etc.," he explained.

McNeill has been at Georgetown University since 1985, teaching world history and environmental history. His current research interests are primarily in the field of environmental history. His first book written exclusively from the environmental perspective is titled *Mountains of the Mediterranean*.

This event is part of the Wednesday Afternoon Lecture series, and is sponsored by the National Institute of Child Health and Human Development and OD, NIH.

Are You a Woman Who Has Been Depressed?

NIMH is looking for female volunteers to participate in a study that examines the role of hormones in depression. Participants should not be currently depressed, be between ages 18-45, be medically healthy and not be taking any medications, including birth control pills. Study includes medical and psychiatric evaluations. Financial compensation and transportation reimbursement provided. For more information call Linda Simpson-St. Clair, 496-9576 (TTY 1-866-411-1010).

HILL HEARING, CONTINUED FROM PAGE 1

pensions committee, who cosponsored the rare joint oversight hearing.

Zerhouni presented past evidence of NIH success in such areas as prevention of coronary heart disease, life-prolonging AIDS therapies and record-breaking speed in discovery of the SARS agent, then outlined his roadmap plan.

Varmus, now head of Memorial Sloan-Kettering Cancer Center in New York, had three major points: a need to "counter the deleterious effects of the proliferation of institutes and centers"; find ways to augment the NIH director's authority; and "NIH is a fragile flower in government and a remarkable creation—it needs to be insulated from partisan politics."

Shapiro, who is president emeritus of both Princeton and the University of Michigan, and who now is a professor in the economics department at Woodrow Wilson School of Public and International Affairs, applauded Zerhouni's roadmap as "extraordinary, innovative, helpful and consistent with our [IOM] recommendations." He argued that NIH needs a number of enhanced capacities (improved clinical research, less conservative portfolio, more trans-NIH projects, enhanced directorial authority), but cautioned that "widespread consolidation of existing institutes and centers is not the best strategy to deploy at this time."

Sen. Judd Gregg (R-NH), who chairs the Senate committee, set the goal of the hearing: "We recognize that NIH is an extraordinary resource for our nation." He wanted to know if the 100 percent increase in the NIH budget over the past 5 years was having its intended effect. "Are those dollars being effectively used, and how can we assist NIH attain its goals?"

While virtually all of the legislators preceded personal and constituent concerns with kind remarks about NIH, there were thorns amid the roses. Rep. John Dingell (D-MI) wanted to know about outsourcing at NIH. "I am unaware of any reason it is taking place, or any benefits to be realized," he began. "[A-76 review] has caused great concern among employees, stakeholders and patients, whose hopes and fears rest on the outcome of this process. Is [A-76] serving science or is it serving right-wing ideology? What jobs are being outsourced? Why? In what time frame? Outsourcing causes disorganization, fear, concern and difficulty. Successful organizations don't embark on these kinds of risks." He called for a "candid assessment of the damage A-76 review has done."

During their questioning of the three panelists, lawmakers learned of the natural tensions that exist between the NIH director and the directors of institutes and centers. Varmus pointed out that IC directors need more incentive and flexibility to pursue such trans-NIH projects as the zebrafish

initiative and the sequencing of the rat genome.

Both Sen. Edward Kennedy (D-MA) and Rep. Sherrod Brown (D-OH) expressed dismay about the modest increase in President Bush's FY 2004 budget for NIH; Brown called it the "smallest in decades" and added, "We can't afford to drop the ball now—too many lives are at risk," and Kennedy offered two posters: "Shortchanging Vital Medical Research" and "Stifling Scientific Invention."

A number of congressmen, including Reps. Joseph R. Pitts (R-PA), Mike Ferguson (R-NJ), John Shimkus (R-IL) and Mike Rogers (R-MI), took issue with grantee studies involving sexual activity. Zerhouni emphasized that NIH tries to balance, in all studies that it funds, the needs of science, public health and society. Rep. Henry Waxman (D-CA) took the opposite tack of his more conservative colleagues, calling for Congress to lay off second-guessing the scientific expertise of the NIH.

The 2½-hour hearing ranged broadly and included: earmarked funding for anthrax vaccine development (Sherrod Brown); health disparities (Rep. Michael Bilirakis, R-FL, wanted assurances that minorities won't be left on the "off-ramp" of the roadmap initiative, and Rep. Stephanie Tubbs Jones, D-OH, pleaded for more studies of uterine fibroids, which affect many African American women); head-to-head studies of the effectiveness of comparable drugs (Sen. Hillary Clinton, D-NY); the health risks of silicone breast implants (Rep. Gene Green, D-TX); pressure to pursue more aggressive stem cell policy (Reps. Lois Capps, D-CA and Diana DeGette, D-CO); a need to bolster pain research (Mike Rogers); portfolio management and cost-effectiveness (Rep. Tom Allen, D-ME); and concerns about the plan to restructure the Commissioned Corps (Waxman).

On many of the above topics, Zerhouni promised written responses in more detail than he could provide at the moment. The session ended cordially with Bilirakis concluding, "Let us know what improvements we can make to enhance the NIH enterprise." ■

The NIH Orchestra recently presented checks totaling more than \$1,300 to various NIH charities; the funds represent proceeds from orchestra concerts. Present at



the donation were (from l) Randy Schools, R&W president; Martin Brown, NCI; Dale Kiesewetter, CC; Frederick Chin, NIMH; Harold Seifried, NCI; Charly Wells, OD; Jerome Danoff, CC; and Dave Smith of Special Love.

Cochlear Implant Expert To Give Astute Clinician Lecture

A pioneer in the field of cochlear implantation, Dr. Richard T. Miyamoto will speak at the sixth Astute Clinician Lecture on Wednesday, Nov. 5 at 4 p.m. in Masur Auditorium, Bldg. 10. "Cochlear Implants: Past, Present and Future," is the title of Miyamoto's remarks. He is the Arilla Spence DeVault professor and chairman of the department of otolaryngology-head and neck surgery at Indiana University School of Medicine.

Cochlear implants allow many deaf individuals to hear—often for the first time. Miyamoto has been implanting these life-changing devices in the ears of adults and children for many years. His research has focused on early identification and intervention in hearing loss. This has led to lowering the appropriate age limit for identification of hearing loss to as early as 3 months, and the appropriate intervention to as early as 6 months. When conventional hearing aids don't work, cochlear implants are an option.

When an implantation is done correctly, Miyamoto determined, the risk at such an early age is no greater than for older children. And it is anatomically feasible because the cochlea is the same configuration at birth as it is in adulthood. His research has determined that early intervention with cochlear implants results in improved speech and language skills.

Miyamoto received a B.S. degree from Wheaton College, an M.D. from the University of Michigan, and an M.S. in otology from the University of Southern California. He was awarded a doctor of engineering degree from the Rose Hulman Institute of Technology. He completed his residency at Indiana University and a fellowship in otology and neurotology at the House Ear Institute.

He has served as president of the American Neurotology Society, president of the Association for Research in Otolaryngology, president of the William F. House Society and vice-president of the Triological Society. He is a member of the board of scientific trustees of the Deafness Research Foundation and is a member of the medical advisory board of the National Organization for Hearing Research. He serves on the Indiana Speech and Hearing Licensing Board, the executive committee of the American Auditory Society and is a director of the American Board of Otolaryngology. Miyamoto

chairs the research liaison subcommittee of the American Academy of Otolaryngology-Head and Neck Surgery. He is associate editor for *Otolaryngology-Head and Neck Surgery* and *JARO*.

The Astute Clinician Lecture was established through a gift from Haruko and Robert W. Miller, M.D. It honors a U.S. scientist who has observed an unusual clinical occurrence, and by investigating it, has opened an important new avenue of research.

The talk is an NIH Director's Wednesday Afternoon Lecture Series event, hosted by the Clinical Center. For information and reasonable accommodation for the lecture, contact Hilda Madine, 594-5595. ■



Dr. Richard T. Miyamoto

Calhoun Named NIAAA Deputy Director

Dr. Faye Calhoun was recently named deputy director of the National Institute on Alcohol Abuse and Alcoholism. In her new role she will promote multidisciplinary collaborative research and educational activities in areas of common interest across NIH and with other federal organizations including the Substance Abuse and Mental Health Services Administration, the National Highway Traffic Safety Administration, the Department of Justice and the Department of Education.

Calhoun joined NIAAA in 1995 as associate director of the Office of Collaborative Research. She oversaw a broad portfolio of projects that fostered important partnerships between the institute and other government, non-profit, national and international organizations. Programs directly under her leadership included the expanded National Alcohol Screening Day, the Alcohol Research Centers and institutional training grants, the alcohol and HIV/AIDS program, international research and training, programs to address health disparities and women's health issues, and the interagency coordinating committee on fetal alcohol syndrome.

Prior to joining NIAAA, Calhoun served as deputy chief of the Referral and Review Branch in the Division of Research Grants, currently the Center for Scientific Review. At DRG she was responsible for the administration and management of personnel involved in the review of grant applications for research and career development support. Prior to coming to NIH in 1980, she supervised and directed extramural programs for the National Institute on Occupational Safety and Health, the Centers for Disease Control and Prevention, and for the Bureau of Drugs in the Food and Drug Administration. Her initial appointment at the FDA was as a reproductive toxicologist and pharmacologist.

Calhoun has been recognized for her outstanding contributions to alcohol research through many awards, including the NIH Director's Award and the Research Society on Alcoholism's Seixas Award for Distinguished Service. She is a member of several professional societies including the RSA and the Society of Toxicology.

"Dr. Calhoun brings extensive experience and expertise to her new position," says NIAAA director Dr. Ting-Kai Li. "I am confident her imaginative and creative leadership will help the institute address future challenges in alcohol research."

NIH Participates in Hispanic/Latino Genetics Consultation

Representatives from NIH and other federal agencies recently joined 75 opinion leaders and experts from Hispanic/Latino communities across the United States to explore a range of issues related to human genetic research and their significance to Hispanic/Latino populations. Considered a groundbreaking conference, the "Hispanic/Latino Genetics Community Consultation Network (HLGCCN) Summit," was a direct outgrowth of a meeting organized by NIGMS in September 2000 at which NIH solicited input on genetic research from diverse communities. At that meeting, members of the Hispanic/Latino community expressed interest in hosting their own community consultation meeting.

In addition to the participants who gathered at the 2-day summit in Washington, D.C., a larger group of Hispanics and Latinos across the country played a role by completing pre-meeting surveys to help

identify key topics for discussion.

During the meeting, participants drafted action plans to address matters ranging from engaging Hispanics and Latinos in genetic research to overcoming cultural barriers to the effective use of existing health care services.

The meeting was coordinated by Redes En Acción (Networks in Action), a special populations network of NCI and Baylor College of Medicine. In addition to NCI, NIGMS and NHGRI sponsored the meeting. Several top NIH officials participated in the summit, including deputy director Dr. Raynard Kington, NCI director Dr. Andrew von Eschenbach, NHGRI director Dr. Francis Collins and acting NIGMS director Dr. Judith Greenberg.

Kington acknowledged that, despite tremendous improvements in health in the U.S. during the past century, large health disparities remain across subpopulations.

"Communities of color must not simply watch and

complain, but [must] be active partners with scientific communities through such activities as this summit," he said.

Von Eschenbach echoed the need for Hispanics and Latinos to be active collaborators in ongoing research.

"I need you—your advice, your guidance,

your leadership, your contributions—as well as heavy lifting to raise the opportunities for research," he said.

"We will do everything possible to maintain the summit's momentum," said Dr. Amelie G. Ramirez, associate professor of medicine at Baylor College of Medicine and principal investigator of Redes En Acción and the HLGCCN.

"We expect to achieve this through dissemination of reports on the proceedings, personal contact with decision makers and...future regional community consultation meetings," Ramirez said.

"Latinos want to be part of the solutions and also



Dr. Judith Greenberg, acting director of NIGMS, told meeting participants about the institute's commitment to biomedical research training programs, particularly those designed to increase the number of underrepresented minority researchers.



NHGRI director Dr. Francis Collins explained the importance of a greater understanding of genetics issues as they apply to Hispanic/Latino communities. "The genome is our shared inheritance and, as we study it, it should benefit all of us," he said.



Meeting attendees participated in breakout sessions to address specific issues in genetic research.

to benefit from these scientific discoveries, today and for our future generations," she added.

Greenberg pledged NIGMS's support to this effort. "The one thing I can promise you is that this will not be the last meeting like this. We are committed to follow-up," she said.—Susan Athey ■

Female Volunteers Needed

The Behavioral Endocrinology Branch, NIMH, seeks healthy female volunteers ages 40-50 to participate in longitudinal studies of the perimenopause. Volunteers must have regular menstrual cycles and be medication-free. Periodic hormonal evaluations, symptom rating completion and occasional interviews will be performed. Subjects will be paid. Call Linda Simpson-St. Clair, 496-9576. ■

Healthy Adults Needed

The Vaccine Research Center is now recruiting healthy 18-60 year olds for an investigational smallpox trial. All volunteers will receive financial compensation and the traditional smallpox vaccine as part of the trial. To volunteer or for more information, call 1-866-833-LIFE or TTY: 1-866-411-1010. ■

Three Grantees Win Nobel Prizes

Three long-time grantees of NIH were awarded Nobel Prizes in 2003: Dr. Paul C. Lauterbur shared the prize in physiology or medicine with Britain's Sir Peter Mansfield for discoveries launching the field of magnetic resonance imaging (MRI), and Drs. Peter Agre and Roderick MacKinnon—who over the past two decades have received nearly \$17 million in NIH funding—shared the chemistry prize.

Lauterbur—who is Center for Advanced Study professor of chemistry, biophysics and computational biology and bioengineering, distinguished university professor of medical information sciences and professor, Beckman Institute at the University of Illinois at Urbana-Champaign—got most of his funding from the National Center for Research Resources. He was also supported by the National Cancer Institute, the National Heart, Lung, and Blood Institute, the National Institute of General Medical Sciences and the National Institute of Mental Health.

NIH director Dr. Elias Zerhouni, who has also conducted pioneering MRI research, said of Lauterbur's award: "This is a wonderful example of how basic research on atoms and molecules led to an important clinical application. The ability to see inside the body in unprecedented detail revolutionized the practice of medicine. It improves diagnosis and reduces the need for surgery or other invasive procedures, underscoring how NIH-supported research translates into advances that improve medical care."

He continued, "Dr. Lauterbur, using advanced technologies and instruments, helped usher MRI from its earliest beginnings nearly three decades ago into the widely used diagnostic tool now found in hospitals and research centers nationwide."

Of the 81 American Nobel laureates in physiology or medicine since 1945, 62 either worked at or were funded by NIH before winning the prize.

Agre and MacKinnon won the chemistry prize for advancing knowledge about cellular membrane channels—passageways that control the movement of molecules across cell membranes. "Each of the trillion cells in our bodies maintains strict border



Dr. Roderick MacKinnon
(courtesy Howard Hughes
Medical Institute)

control on what goes in and out through molecular channels," said Zerhouni. "The role of channels in the body is so critical that we would not be alive were it not for the vigilance of these gateways in maintaining healthy cells. NIH-supported research in this area will no doubt continue to deepen understanding of the molecular roots of disease as well as fuel the discovery of new medicines to treat a wide variety of health disorders."

Agre, professor of biological chemistry at Johns Hopkins University School of Medicine, received half the prize for "the discovery of water channels." MacKinnon, professor of molecular neurobiology and biophysics at the Rockefeller University, received half of this year's chemistry award for his work on "structural and mechanistic studies of ion channels."

Since 1981, Agre received nearly \$11.1 million combined from NHLBI, the National Eye Institute and the National Institute on Alcohol Abuse and Alcoholism.

Since 1990, MacKinnon received almost \$5.9 million from NIGMS. His studies of ion channels relied on his having ready access to the shared instrumentation, technologies and expertise available at several biomedical technology centers supported by NCI.

"The achievements of both scientists reflect great determination in working with membrane proteins, which are notoriously difficult to study in the lab," said Zerhouni. "It is this kind of innovative research that NIH is proud to sponsor and hopes to encourage through the NIH Roadmap initiatives."

The National Institute of Neurological Disorders and Stroke and the National Institute of Diabetes and Digestive and Kidney Disorders also contributed to the funding of these researchers.

Since 1954, NIH has supported the work of 32 Nobel laureates in chemistry. ■

Asian Volunteers Sought

The department of transfusion medicine (Blood Bank) at the Clinical Center seeks healthy volunteers (male and female) 18 years of age and older to participate in a research apheresis study that assesses the influence of your ethnic background on your immune response. Volunteers are needed who were born in China, including Taiwan, Hong Kong and Singapore or first generation offspring of parents who were born in these countries. Two visits are required and compensation is available. Call Rose Werden, 402-0757.

Cancer Symptom Management, Palliative Care Research Opportunities

Now you can find symptom management and palliative care research opportunities in one place. A new page on NCI's cancer.gov web site announces funding opportunities and areas of encouraged research. Find announcements from multiple institutes and centers. Provided by NCI's palliative care working group, the site includes such topics as: biobehavioral and mind-body interactions; end-of-life; pain and other symptoms; mental health; and translating research to practice. Visit <http://www.cancer.gov/researchfunding/announcements/symptommanagement/>.

TELEWORK, CONTINUED FROM PAGE 1

1,000 or more employees increased the number of teleworkers by at least 36 percent. Two of those—the National Science Foundation (135 percent) and the National Archives and Records Administration (111 percent)—improved by more than 100 percent. Teleworking at the other five also grew impressively: Federal Deposit Insurance Corp. (74 percent), Treasury (69 percent), Veterans Affairs (48 percent), and the departments of Education and Health and Human Services (36 percent).

Of HHS's 68,777 employees, nearly 10 percent of its total workforce teleworks. The 77 responding agencies reported that as of December 2002, more than 90,000 employees telework, which represents a 21 percent increase from November 2001. The agencies said just over 625,300 eligible employees (35 percent of the federal workforce)—a 20 percent increase from those eligible in 2001—telework.

At NIH, more than "1,231 people are in telework arrangements," according to Alisa Green, NIH telework coordinator, who recently surveyed institutes and centers on the issue. "Of these, 498 are 'regular'

(meaning they have a relatively fixed telework schedule), and 687 are 'episodic' (varied according to needs of the individual and the workgroup). The rest are for medical or other temporary accommodations. This is in comparison to August 2002, when we had 651 teleworkers overall, 316 in regular and 294 in episodic arrangements. So although the numbers aren't overwhelming, the curve up is pretty steep!" The survey included reports from all but three ICs.

De-Stressed and Un-Pressed

Naturally individual motives and goals vary, but compiled below—in a decidedly unscientific study of several NIH'ers who have already taken the plunge—are the top reasons telework is growing here. Can you guess what benefit most of them list first? Hint: They don't get lonely.

"The biggest advantage is that I can accomplish much more at home than in the office, since I am not interrupted at home," notes Richard Crosland, an NINDS scientific review administrator who lives in Frederick and has teleworked for about 3 years. "This is especially true of work such as summary statements. Of course, there is a large stress reduction since 1 hour of commuting causes the same stress as 3 hours of work, and the commute from Frederick is 1 hour each way. I save some gas, and there is one less car polluting the air."

"No interruptions," also tops the list of Cheryl Moxley, a CIT telecommunications specialist who was the first person to telework at NIH in 1997. A resident of Harper's Ferry, W.Va., her roundtrip

commute topped 112 miles daily before she was able to arrange an alternative work place and schedule. Now, she says, she is "much more productive, and has less stress and no traffic." Since her experience, six of her coworkers now telecommute too.

Pam Jones, chief of the scientific publications section in NINDS's information office, offers a similar rationale. "A busy information office is usually not a good place to find uninterrupted quiet time," she notes. "Working from home, I can often get through an editing assignment in half the time it would take in the office. Questions from coworkers that I'm not answering because I'm not available for a 'quick pop-in visit' can usually be answered the next day. And anyone who needs to know something immediately can call me at home or send me an email. If I'm editing or writing, I try to check my email every 15 minutes so I have these little blocks of silent time throughout the day. Silence truly is golden."

Thalene Mallus, an IT specialist for the NIMH Laboratory of Brain and Cognition, and a parent of two children ages 3 and 5, treasures the peace of mind and family time she has gained by teleworking every Friday since 1999.

"There are numerous advantages to telework," she says, "but probably the biggest for me is the alleviation of stress. I can have breakfast with my children on Fridays, walk them to school, visit them at lunch if I choose, and pick them up [earlier]. There is a huge reduction in tension. I don't have to worry about the traffic, packing lunches or ironing clothes for the next day. Working from home is blissfully quiet (just me and the dog) and I can really get down to business without the typical office interruptions (impromptu meetings and drop-ins) that normally break up my day."

Jones agrees, "The personal advantages are many. As an example, I help care for my elderly father, who lives alone about 4 miles from my house. On Thursdays, I can use my lunch break to pick up whatever he needs that day—a prescription, for instance—and take it to him, visit for a while and get back to work without worrying about finding a parking place. Avoiding the morning and evening commute is, of course, a huge benefit. And, rolling out of bed at 7:25, logging onto my computer and being ready to work at 7:30 is wonderful—pink fuzzy slippers and all."

Settling Terms

The concept of teleworking has given birth to a



Cheryl Moxley of CIT helped pioneer teleworking at NIH.



Camera shy Pam Jones of NINDS models business chic for the telework set.

whole new language. Some employees "telecommute" for a certain portion of their tours of duty. When Moxley began in the program, she went to the Jefferson County TeleCenter in Ranson, W.Va., where she used a networked PC to connect to her NIH clients and perform her job. Nearly 20 such GSA satellite centers are now open in Maryland, Virginia and West Virginia. Some employees use computer setups in their own homes. The alternative work sites are called "flexi places." In many cases all that is needed is a high-speed Internet connection, and compliance with standard IT security measures.

Often, teleworkers—along with their supervisors and coordinators—can also rearrange their tours of duty to better accommodate their new situations. The various configurations are known as "alternative work schedules" (AWS) or "flexi tours." Organizations and offices often customize their telework and AWS policies for best results.

Satisfied Customers

"The results of an April 2003 survey of NIMH telework participants and supervisors indicate that the program has had a positive effect," according to Robert Willcoxon, an NIMH management analyst who coordinates telework for the institute. "Most participants report both increased job satisfaction and productivity, while the majority of supervisors report an increase in the job satisfaction of their teleworking employees and no change in their productivity. The majority of supervisors also report no impact in morale or productivity among their staff as a whole, including those who are not teleworking." In FY 2003, he said, 46 NIMH employees have been approved to telework—almost 6 percent of the total NIMH staff.

As managers seek more ways to benefit both individuals and the workplace as a whole, many find that telecommuting can be a valuable tool in other areas of an organization's quality of worklife program, including easing the parking crunch. Hence, some ICs plan even bigger pushes in the months to come.

"Telework is an innovative business solution that gives both employers and employees flexibility by allowing employees to work outside the office," said Liz Elliott, a management analyst who serves as the telework coordinator for six employees at NINDS. "It's part of a continuing transformation of the workplace. It's here to stay. It's vital to get the word out and educate potential teleworkers and their supervisors about policy, procedures, eligibility criteria and resources available to them to promote a successful telework plan. We plan to communicate to all our employees through email and meetings. We also have resources available on our Intranet. Over time, I believe there will be a positive impact on teleworking, or 'work redesign' as we also see this."

What is important in deciding to offer or participate in flexible work arrangements, says Elliott, is that the organization's goals and mission remain the top priority. "The employee's work and productivity have to be balanced with the needs of the individual organization," she stressed.

"It's going to take a kind of paradigm shift among managers," says David Whitmer, executive officer and director of the Division of Management Services at the Center for Scientific Review, who evaluated the telework program at NHLBI and facilitates the CSR telework program. "Telework requires managers to think differently about the way they manage people. It requires them to ask, 'What measurable is being delivered?' You don't need to see someone to manage them effectively. You need to determine a measurable result. The greatest barrier to telework is mid-level managers.

"There are workplace issues and morale issues to consider," he continues. "What a manager gets are employees who are generally happier. In addition, telework is an excellent recruiting and retention tool, and since we're all competing with other ICs, with other federal agencies and with the private sector for the best and brightest workers, it's a tremendous advantage to be able to offer a flexible work arrangement program."

Describing himself as both a "strong advocate for telework, but also for accountability," Whitmer adds, "I believe employees are more productive away from the worksite."

Ultimately, experienced participants stress, much of teleworking's success is built on individual relationships between employees and their supervisors: A good bond makes telework work.

"In a larger sense," Mallus concludes, "I think a huge advantage for NIH is that it boosts employee morale. In order to successfully telecommute, there must be supervisor-employee trust. I have a really great working relationship with my supervisor, and she trusts me to get my work done...and I do."

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features the NIH Director's Sixth Astute Clinician Lecture, by Dr. Richard T. Miyamoto, on Nov. 5. See story on p. 5.

On Nov. 12, Dr. Spero M. Manson, professor of psychiatry and head, American Indian and Alaska Native Programs, University of Colorado Health Sciences Center, will discuss "Wounded Spirits, Ailing Hearts: The Legacy of PTSD Among American Indians."

For more information or for reasonable accommodation, call Hilda Madine, 594-5595.



Dr. Michael Marino has joined the Center for Scientific Review as the scientific review administrator for the SSS-Y study section, which reviews small business grant applications in the genetic sciences. He received his Ph.D. in analytical chemistry from American University while at the Armed Forces Institute of Pathology. He served as deputy chief of its developmental branch DOD DNA registry. He then moved to an AFIP contractor, the Center for Medical and Molecular Genetics, to manage its operational genetics DNA laboratory. While there, he developed a high-throughput screen for identifying DNA. Before joining CSR, Marino was director of applied genomics and molecular genetics at Transgenomic, Inc., where he discovered and developed biomarkers in genes involved in cancer progression.

ROADMAP, CONTINUED FROM PAGE 1

but expected to reach a total of \$2.1 billion over the next 5 years, includes three broad themes, 28 specific initiatives, and is the result of input from more than 300 outside advisors. Zerhouni said the advice "formed a compelling consensus on where we need to invest." No less than the "turbocharging of NIH" is expected of the initiative, noted Zerhouni, adding, "Truly, this is not business as usual for medical research."

Sketching the roadmap's three main themes were a succession of institute directors led by NHGRI's Dr. Francis Collins, who described "New Pathways to

Discovery." He called the roadmap effort, which has involved every institute and center director at NIH and their senior staff for more than a year, "a bold, historic plan...Some will say these are awfully bold ideas—but they said that 14 years ago about the Human Genome Project...We have a good track record of ambitious and bold plans at NIH." He

concluded, "The potential of this project is almost impossible to overstate. This will be a new way of conducting biomedical research."

NCCAM director Dr. Stephen Straus said there is "no better time than the present to harness the power of the new biology...What used to take us months or years to accomplish in the 1970s can now be done in days...We must figure out how thousands of genes and proteins work together, and how they interact with the environment." This will take a new team approach, he said, which is a distinct departure from the traditional model of isolated individuals pursuing their own scientific leads. Straus envisions greater collaboration with industry and grantees, and an eventual OD position titled Director's Liaison for Public/Private Partnerships.

A new NIH Director's Innovator Award, he added, will help "enlist creative, out-of-the-box thinkers," that he likened to chess masters. "We will invest in people and encourage substantial risks." Zerhouni said that winners of these awards will receive \$500,000 per year for 5 years. Straus said 10 such investigators would be funded in the first year.

Describing the infrastructure that will support a revitalized effort in clinical research was NIAMS director Dr. Stephen Katz, who outlined plans for a National Clinical Research Associates Program, a

NCCAM director Dr. Stephen Straus (l) and NIAMS director Dr. Stephen Katz described major Roadmap themes.

PHOTOS: ERNIE BRANSON



NCI director Dr. Andrew von Eschenbach (l) fills in some Roadmap details at the press conference as Zerhouni listens.



Dr. Francis Collins

Translational Core Center, Regional Translation Research Centers and a National Electronic Clinical Trials Network. Efforts will also be made to "harmonize and simplify a now-dense array of regulatory requirements that discourage careers in clinical research." Human subject protection, he emphasized, would be paramount in all of the foregoing.

"Our singular goal is to synergize research all across NIH," concluded Zerhouni. All of the roadmap components are to be integrated with one another, he said, with the result that NIH "brings our own best research to peoples' homes...But this will require a re-engineering of the way we do research."

The 70-minute session ended with questions from reporters, during which Zerhouni addressed cost issues ("We will create a common pool of investment resources to be dedicated to these efforts, and there will be lead institutes."), authorities to pursue the plan ("No legislation is needed to accomplish this goal, as long as the peer-review process is followed.") and justification for the major portfolio review undergirding the Roadmap: "No organization of the excellence and complexity of NIH should be without periodic reevaluation...No great organization remains great without change."

Details of the new initiative may be found at www.nihroadmap.nih.gov. ■

Salzman Symposium in Virology, Nov. 20

The fourth annual Norman P. Salzman Symposium in Virology will be held Thursday, Nov. 20 from 8 a.m. to 12:30 p.m. at the Cloisters (Bldg. 60), followed by a reception. The theme of the event, at which the winner of the Salzman Award will be named, is "Highly Pathogenic Viruses: Potential Agents of Bioterrorism." Keynote speaker for the symposium is Dr. Kathryn Holmes, a coronavirus expert at the University of Colorado, who will discuss SARS.

The event honors Salzman, who had a 40-year career investigating basic aspects of virology. There is no registration fee for the symposium, but attendees are encouraged to register online at <http://fmp.cit.nih.gov/vig/reg.html>. ■

NIH Provides Information, Health Screenings at National Black Family Reunion

NIH participated in the 18th annual National Black Family Reunion Celebration recently on the Washington Monument grounds. The National Council of Negro Women event is one of the oldest, largest and best-known gatherings of African American families, routinely attracting more than 500,000 people.



A dentist from the Robert T. Freeman chapter of the National Dental Association gives an oral cancer screening.

As part of its outreach efforts to address health disparities, NIH reserved a pavilion to help educate the public about its commitment to conduct and support research that will result in good health for all people. This was a trans-NIH activity sponsored by the Office of Equal Opportunity and Diversity Manage-



ment in collaboration with several institutes and centers, which provided funding, health materials and/or staff.

Over the 2-day event, nurses from the Clinical Center performed 274 blood pressure screenings. In addition, NIDCR provided 107 free oral cancer screenings by volunteer dentists from the Robert T. Freeman chapter of the National Dental Association. ■



Joy Jones and Ramon Juarbe of the CC nursing department perform free blood pressure evaluations on visitors to the NIH pavilion.

PHOTOS: JANET STEPHENS



Staffing the event are (from l) Liccy Clavell of the CC nursing department; Vernon Bundick of OD/OLAO; Jennifer Kramer of the National Council of Negro Women; and Michael Chew, OEODM/NCCAM.



The NIH team gathers at the agency's booth.

NIH Marks American Indian, Alaska Native Heritage Month with Two Events

In November, all are invited to attend NIH's celebration of American Indian and Alaska Native Heritage Month, which features two events. On Wednesday, Nov. 12, Dr. Spero M. Manson, a medical anthropologist, NIH grantee and member of the Pembina Chippewa Tribe, will present a talk, "Wounded Spirits, Ailing Hearts: The Legacy of PTSD Among American Indians," at 3 p.m. in Masur Auditorium, Bldg. 10. A reception follows. The lecture is cosponsored by the NIH American Indian/Alaska Native Employee Council (AIANEC).

On Thursday, Nov. 13 from 11:30 a.m. to 1 p.m., the 3rd annual NIH American Indian and Alaska Native Heritage Month observance will be held in Natcher Conference Center. Kevin Locke, Lakota and Anishinabe Tribes, a world renowned traditional storyteller and preeminent player of the indigenous Northern Plains flute, will discuss "Walking the Good Red Road to Health," which explores health and balance from the American Indian point of view. Locke will also perform the hoop dance, accompanied by the White Oak Singers (Northern style) drum group. A reception follows. The event is cosponsored by AIANEC, NIH institutes and centers, and the Office of Equal Opportunity and Diversity Management.

Sign language interpreters will be provided. Individuals with disabilities who need reasonable accommodation should call Michael Chew, OEODM on 402-3681 (voice), 480-3122 (TTY) or the Federal Relay Service 1-800-877-8339 (TTY). For more event information, call Rebecca Tudisco at 496-3482 or visit the AIANEC web site at <http://oeodm.od.nih.gov/aianec>. ■

NICHD ANNIVERSARY, CONTINUED FROM PAGE 1

compared to many other institutions. Of the top 100 governments in existence in 1900, Zerhouni explained, only 2 had survived until 2000. Institutions of advanced learning weathered the test of time with far greater success. Of the top 100 universities in existence in 1500, 75 percent had survived until 2000.

Zerhouni thanked NICHD's current and past advisory councils for advancing science and medicine through their efforts. He noted that NICHD's council, along with NIH's other advisory boards, peer review committees and ad hoc groups, is part of a network of 21,000 volunteer advisors. This network is larger than any of the consulting compa-

nies that the federal government relies on and provides NIH with far more advice from U.S. citizens than any other federal agency receives. "Selflessly, they give their time, they give their wisdom, with very little reward," he said.

NICHD director Dr. Duane Alexander introduced the ceremony by noting that he had recently attended his high school class's 45th reunion. When his former classmates asked him about his occupation, Alexander explained that he was director of the NIH institute that supports research on improving pregnancy outcomes and promoting the healthy development of children. A few people, Alexander said, asked him to explain further.

"If your daughter or daughter-in-law needed help getting pregnant," he said, "most of the treatments she got were based on NICHD research."

Similarly, Alexander told his former classmates, if their daughter or daughter-in-law thought she might



NICHD director Dr. Duane Alexander (l) and NIH director Dr. Elias Zerhouni (c) talk with Hall of Honor Awardee Dr. Robert E. Cooke.

Birth of an Institute

Dr. Robert E. Cooke, a member of the first National Advisory Child Health and Human Development Council, recounted the events leading to the founding of NICHD. In November 1960, John F. Kennedy was elected President. Shortly thereafter, Cooke was asked to serve on a task force responsible for developing health and welfare programs for the new administration. Cooke, then chair of the pediatrics department at Johns Hopkins Hospital, was entrusted with developing programs for advancing child health and proposed the establishment of a National Institute for Child Health at NIH.

Cooke had worked with the Kennedy family earlier. In 1958, his department had received funding from the Joseph P. Kennedy, Jr. Foundation to establish a mental retardation research center. The center was one of several that would later conduct a large part of NICHD's research program in mental retardation. Cooke credited Eunice Kennedy Shriver with spearheading the foundation's funding of mental retardation studies.

At a dinner she hosted to conclude NICHD's 40th anniversary celebration, Shriver recounted that, as a young man, her brother Jack was extremely frugal. At first, she said, he was reluctant to support the costs that a new institute would entail. She explained to him, however, that solutions to such troubling childhood problems as premature birth would only come through a strong research effort and would repay the initial investment over time.

At the time, the Public Health Service Act provided only for the creation of institutes focused on a particular organ system or disease category. New legislation would be needed to create an

institute concerned with child health, which President Kennedy proposed.

Shriver arranged for herself and Cooke to visit with two elected officials who chaired committees overseeing health legislation, Sen. Lister Hill of



Eunice Kennedy Shriver and Cooke were among members of the first NICHD council authorized in 1962.

Alabama, and Rep. John Fogarty of Rhode Island. Hill was immediately supportive, Cooke said. Fogarty dropped his initial opposition after learning that much of the new institute's research would focus on mental retardation, one of his favorite causes.

According to Cooke, NIH director Dr. James Shannon thought the institute should focus on bodily systems and proposed the institute be called the National Institute of Human Development. After some negotiations, a compromise was reached and the institute was given its current name.

Congress authorized NICHD in October 1962. "We will look to the National Institute of Child Health and Human Development for a concentrated attack on the unsolved health problems of children and of mother-infant relationships," President Kennedy said when he signed the bill into law. "This legislation will encourage imaginative research into the complex processes of human development from conception to old age."

The first meeting of the new institute's council was held on Nov. 14, 1963.

be pregnant but didn't know for sure, the home pregnancy test that she used came directly from NICHD research. Moreover, the screening for fetal abnormalities that she was offered during her pregnancy also was developed from NICHD research.

"The care her baby got at birth, especially if it was born prematurely, was guided by NICHD research," Alexander continued. Similarly, the blood tests given to all new-borns to detect such debilitating disorders as phenylketonuria and newborn hypothyroidism also resulted from studies funded by the institute.

"Whenever your grandchild was put down to sleep on its back instead of on its tummy, like you did with your children, the parents were applying new information from NICHD's research and public education campaign to reduce the risk of your grandchild dying of SIDS," Alexander said.

The vaccine used to immunize their grandchildren against *Haemophilus influenzae* type b (Hib) was also developed in

NICHD's research laboratories. Before immunization with the vaccine became routine, Hib meningitis was the most common cause of acquired mental retardation; now the disease is gone. NICHD research also provided parents with information useful for choosing among day care options, and offered the foundation of modern methods for teaching children to read.

Other institute achievements were featured at NICHD's 40th anniversary scientific symposium on Sept. 8. Among the NICHD-supported speakers, five Nobel laureates and six Lasker Award winners addressed the more than 500 people who registered for the conference. Symposium presentations spanned the gamut of NICHD's mission to conduct

and support research in virtually all aspects of human development, from conception through gestation, childhood, adolescence and the reproductive years.

During the 25 talks, speakers from the institute's intramural division as well as many grantees addressed a broad array of scientific topics. These included the genetic causes of mental retardation, the future of vaccine development at NICHD, embryo formation, animal models of development, the neuroendocrine basis of disease, personality formation, economic approaches to understanding families, and immigration.

At the Hall of Honor ceremony, Zerhouni said it is important to honor the research achievements of those who came before us. "These accomplishments will be seen as the beginning 500 years from now when, like universities, NICHD will still be around." ■

NICHD Names 15 to 'Hall of Honor'



As part of its anniversary, NICHD named 15 outstanding scientists to its Hall of Honor, which recognizes exceptional contributions to advancing knowledge and improving maternal and child health. Above, NICHD director Dr. Duane Alexander presents one of the awards to Dr. Maria I. New. Also earning the honor were Drs. Gary Becker, Ralph Brinster, Robert E. Cooke, Delbert A. Fisher, William Gahl, Roger Guillemin, Edward B. Lewis, Craig T. Ramey, John B. Robbins, Rachel Schneerson, Judith Vaitukaitis, Stephen T. Warren, Eric Wieschaus and Ryuzo Yanagimachi.

CIT Computer Classes

All courses are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Wireless VPN Client Training	10/29
Basic Security for Unix Workstations	10/29
NIH Enterprise Directory (NED):	
Administrative Officer & Technician Training	10/29
Advanced QVR Training	10/29
Introduction to the QVR System	10/30
Creating Presentations w/PowerPoint for Mac	10/30
Data Warehouse: Budget & Finance	
Enhancements Supporting NBS	10/30
Meet Your PC - What's Inside the Box	10/30
BlackBerry Tips and Tricks	10/31
Network Security and Firewalls	10/31
Data Warehouse Orientation	11/3
Partek Pro for Gene Expression Analysis	11/3
Advanced Statistical Analysis of Microarray	
Data Using ANOVA Techniques with Partek	11/3
Building Diagnostic Models Using Microarray	
Data in Partek Pro	11/3
PowerPoint Topics: Graphs, Links and More	11/4
Intermediate ISPF	11/4
Hands-On MatchMiner and GoMiner: Software	
Resources for Analysis of Microarray Data	11/4
Intermediate QVR Training	11/4
Understanding the Grants Process	11/5
Fundamentals of Unix	11/5-7
Statistical Analysis of Microarray Data	11/5-6
Securing Your Home Network	11/5
NIH Data Warehouse Query: Research	
Contracts & Grants	11/5
Intermediate FileMaker Pro 5	11/6
Polish Your Images with Photoshop Elements	11/7
VPN for NIH Home Networks	11/12
Wireless Security	11/12
NIH Data Warehouse Query: Human	
Resources Fellowship Payment	11/12
Relational Database Overview	11/12

Campus Parking Update

As of Oct. 27, 560 new spaces in temporary gravel lots have been made available to offset the closure of parking lot 31D. Attendants will be available to assist employees. For the latest parking and transportation information, call 402-RIDE, email parkinginfo@mail.nih.gov, tune to NIH radio 1610 AM or visit the web site at <http://parking.nih.gov>.

Conference Celebrates 10 Years of Stem Cell Transplantation

By John Iler

Honoring a decade of research in allogeneic bone marrow and stem cell transplantation, NHLBI held a 2-day celebration in September at the Clinical Center.

The first day of the conference was entitled "Allogeneic Stem Cell Transplantation: A Decade of Progress." Speakers included Dr. John Barrett, chief, stem cell allotransplantation section, Hematology Branch, NHLBI.

After citing an array of achievements since the transplant unit grafted its first patient on Sept. 20, 1993, the speakers detailed major developments at NIH supporting the success of the transplant procedure and outlining major improvements in the technique of allogeneic transplantation as a treatment for malignant blood diseases and solid tumors.

"This week, we will have transplanted just over 400 patients," Barrett noted. "We have striven to improve transplant outcome and have applied what we have learned from each transplant protocol to successive clinical studies."

Some of the achievements, he said, include learning what the optimal stem cell dose is to obtain the best outcome and perfecting a technique of transplanting a donor's T-cell immune system, which minimizes graft-versus-host disease. "By reducing the immunosuppression given, we are able to enhance the unique graft-versus-malignancy effect of the donor immune system and extend the transplant approach...to successfully treat metastatic cancers such as renal cell cancer."

Barrett predicted that "in the next 10 years, we hope to create a transplant with close to zero mortality and anti-malignant effects which will allow us to use the procedure as a targeted approach to treat a widening spectrum of malignant



Dr. David Biro

and non-malignant diseases without restriction of age, performance status or matched donor availability."

The second day focused on transplant patients, their caregivers and donors. Clinical Center director Dr. John Gallin



CC director Dr. John Gallin (second from r) is joined by (from l) Barrett, patient Carla Prudencio and her mother Ernestina de Prudencio.

introduced keynote speaker Dr. David Biro, a Brooklyn dermatologist and author of the book *One Hundred Days: My Unexpected Journey from Doctor to Patient*.

"I had the misfortune, or maybe the good fortune, of being both a patient and a doctor," Biro said before the lecture. "A couple of months after my residency, I came down with a rare disease called PNH—paroxysmal nocturnal hemoglobinuria. It was a tendency to form blood clots and for the bone marrow to fail. A few months after my diagnosis, I ended up having a bone marrow transplant. Subsequently I wrote a book about my experience and that's why I'm here."

Also addressing issues of transplant recovery was Dr. Jean Henslee-Downey. Prior to her appointment as director of the Blood Resources Program, NHLBI she had a distinguished career as a bone marrow transplant physician. "She has always had a particular interest in quality of life issues for marrow transplant survivors," said Barrett. "Her descriptions of a number of studies presenting factors which impact on the quality of life was therefore of special interest to our many transplant survivors and their families."

A plaque was presented to the transplant team by one grateful patient and to enthusiastic applause the first patient transplanted in 1993 was recognized, followed by similar recognition for the patients, their donors and caregivers.

Later in the day, a quilt by Lauren S. Kingsland, a Gaithersburg artist, was unveiled in honor of the NHLBI transplant recipients during the past 10 years. Discussions and services followed with patients and family members to address concerns following transplant and celebrate survivorship.

"We could not have achieved our results without the help and support from the Hematology Branch and the entire Clinical Center, which can rightly feel part of our program," concluded Barrett. ■

Attending the transplantation celebration were (from l) Dr. Neal Young, Dr. Elizabeth Nabel, Dr. John Barrett and former NHLBI director Dr. Claude Lenfant.





'University' Training for NIH Staff

In an effort to streamline training, the department has consolidated training through creation of the HHS University. As a result, NIH employees may see a few changes in the coming months. "But the transition is expected to go largely unnoticed," says Melanie Keller, acting training liaison with the NIH Office of Strategic Management Planning.

While many courses once offered by the NIH Training and Development Branch will be available through HHSU, NIH staff will still be able to get agency-specific training through the newly named NIH Training Center. The NIHTC staff will ensure that needed courses are readily available to support the NIH mission.

Information about NIH-specific training will still be available at <http://learningsource.od.nih.gov>, a web site in the process of being updated. For more information, call the NIHTC at 496-6211.

Employees who do not find applicable courses on that web site should visit the HHSU web page at <http://learning.hhs.gov>.

Upcoming courses include:

Simplified Acquisitions Refresher	10/29
Basic Time and Attendance Using ITAS	10/29-30
Introduction to NIH Property Management	11/4-5
Domestic Travel	11/3-5
Fellowship Payment System Refresher	11/6

Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it. Your bi-weekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 10, 2004.

In spite of planning, circumstances sometimes arise that prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is officially rescheduled. This year, your "use or lose" leave must be scheduled not later than Saturday, Nov. 29.

If you or your supervisor have questions regarding "use or lose" leave, contact your human resource office or other appropriate program official designated by your institute or center.

'Foil the Flu' Immunization Schedule 2003

The Occupational Medical Service will begin the annual "Foil the Flu" program for NIH employees on Tuesday, Nov. 4. As usual, the schedule for immunizations will be done based on the first letter of the employee's last name. After Dec. 15, immunization will be done only by appointment with OMS. Immunizations will be given only to NIH employees, so bring your NIH ID card. Contractors are not permitted to receive the flu vaccine through this program. The schedule is also available at <http://www.nih.gov/od/ors/ds/flu>.

On Campus: Bldg. 10/ Rm. 6C306

First Letter

Last Name	Date	A.M.	P.M.
A, B	Thursday, Nov. 6	7:30-11	1-2
C, D	Friday, Nov. 7	all dates	1-3:30
E, F	Monday, Nov. 10		1-3:30
G, H	Wednesday, Nov. 12		1-3:30
I, J, K	Thursday, Nov. 13		1-2
L, M	Friday, Nov. 14		1-3:30
N, O, P, Q	Monday, Nov. 17		1-3:30
R, S	Tuesday, Nov. 18		1-3:30
T, U, V	Wednesday, Nov. 19		1-3:30
W, X, Y, Z	Thursday, Nov. 20		1-2
A, B, C, D	Friday, Nov. 21		1-3:30
E, F, G, H	Monday, Nov. 24		1-3:30
I, J, K, L, M	Tuesday, Nov. 25		1-3:30
N, O, P	Wednesday, Nov. 26		1-3:30
Q, R, S	Monday, Dec. 1		1-3:30
T, U, V	Tuesday, Dec. 2		1-3:30
W, X, Y, Z	Wednesday, Dec. 3		1-3:30
Open-Any Letter	Wednesday, Dec. 10		1-3:30
Open-Any Letter	Thursday, Dec. 11		1-2
Open-Any Letter	Friday, Dec. 12		1-3:30

Beginning Dec. 15, influenza vaccinations will be by appointment only. Call OMS at 496-4411 to make an appointment.

Off-Campus Sites

Locations	Date	A.M.	P.M.
Poolesville	Tuesday, Nov. 4	8:30-11	1-3
RKL I, Rm. 5054	Friday, Dec. 5	all dates	all dates
EPN, Rm. 103	Monday, Dec. 8		
NSC, Conf. Rm. D	Tuesday, Dec. 9		

Volunteers Needed

Doctors at NIH are seeking individuals being treated with a widely used anti-depressant agent called welbutrin. Participants will be asked to donate 4 tablespoons of blood for routine screening and evaluation of platelet function. The visit will be no longer than an hour and compensation is provided. If interested or for more information call Donna Jo McCloskey, 496-5150. ■

FEW Holds Planning Meeting, Nov. 18

Federally Employed Women, Bethesda chapter, will hold a planning meeting on Tuesday, Nov. 18 at noon in Bldg. 31, Rm. 6C6. All are welcome. Sign language interpreters are provided. For reasonable accommodation to participate, call 451-0002. ■

Employee Needs Organ Donation

Wanda White, an employee with type A blood, is in need of a kidney transplant. If there is anyone interested in being tested as a possible donor match who has either type A or O blood, call Nancy at 435-2110. Federal government donors can use up to 30 days of donor leave, which is not associated with your sick or vacation leave.

Zerhouni, NICHD Launch the Annual CFC Effort at NIH

By Robert Bock

"If you're blessed, reward yourself by giving more to others," NIH director Dr. Elias Zerhouni exhorted the crowd at the kickoff for the 2003 Combined Federal Campaign on Oct. 7 at the Bldg. 31 patio. The CFC is the annual fundraising drive among federal employees that serves about 3,000 charities.

Zerhouni thanked the more than 475 keyworkers and other CFC volunteers attending the event for their energy and commitment. Volunteering for the campaign, he said, was one of the most important contributions that NIH staffers can make. Keyworkers distribute campaign materials to their fellow employees and instruct them on how they may contribute to the CFC.

"Today, you're the link between your coworkers and the charities that provide services to your neighbors," he said.

Next, NICHD director Dr. Duane Alexander welcomed both new and returning volunteers to the kickoff. NICHD is the lead institute for this year's

campaign. The theme of this year's effort is, "You've Got the Power to Help."

"You do have the power to help," Alexander emphasized. "You are the backbone of the CFC."

He noted that the National Capital Area CFC is the largest workplace giving campaign in the country, having raised more than \$47 million last year. Of that total, \$3.7 million came from NIH employees.

"Each and every keyworker is crucial to our success," he said. "I know that with your ideas, your energy, and teamwork, we've got the power to make this year's Combined Federal Campaign a huge success!"

Brianne Schwantes delivered the afternoon's keynote address on behalf of the Children's Inn at NIH. Schwantes, now 23, has osteogenesis imperfecta, or brittle bone disease, a genetic defect involving collagen, the scaffolding that holds bones together. The disorder varies in severity, with those suffering the most severe forms likely to break a bone during such ordinary activities as walking or sneezing.

When Schwantes was born, she had 13 broken bones. At the time, she said, her doctors advised her

parents to "leave me on a pillow and walk away." But her parents didn't give up on her, and brought her to NIH.

Schwantes

has taken part in protocols at the Clinical Center since she was 6 weeks old. She said she was grateful that the Children's Inn offered a place she and her family could stay when they traveled to NIH to see her doctors.

"Because of the Children's Inn, it was like we had a home away from home," Schwantes said.

The Children's Inn was one of several charities maintaining information tables at the kickoff. Others included the Friends of the Clinical Center, the SHARE Food Network, the Jewish Council for the Aging and the Black Student Fund.

Vernice Townsend of the latter organization said that CFC funding was vital for her organization's continued operation, as the group doesn't take contributions from the federal government or from state or local governments. The group provides financial assistance to low-income African American children to help them attend independent schools.

The CFC of the National Capital Area seeks to raise \$50 million in 2003 and will run through Dec. 31.



Zerhouni and keynote speaker Brianne Schwantes



Thomas Hooven (l), NICHD associate director for administration, presents a CFC pledge card to NIH director Dr. Elias Zerhouni.



Vernice Townsend of the Black Student Fund answers questions about her organization. Also on hand were representatives of other CFC recipients including the NIH charities and the SHARE Food Network.